

1700 Convention Center Drive, 2nd FL Miami Beach, Florida 33139 305.673.7610

Uniform Notice of a Low-Voltage Alarm System Project and Statement of Inspection

Low Voltage Alarm Label #			
Property Address			
Property Address	Property Owner		
Tax folio # City State Zip Phone Number E-mail Address Contractor's Name Coty State Zip Phone Number Coty State Zip Phone Number Contractor's License Number Date Project Completed Scope of Work :			
City			
Phone Number	City State	z Zip	
E-mail Address			
Contractor's Name			
Contractor's Address			
City			
Phone NumberContractor's License Number	City State	Zip	
Contractor's License Number			
Date Project Completed Scope of Work : Notice is hereby given that a low-voltage alarm system project has been completed at the address specified above. I certify that all of the foregoing information is true and accurate. I, CONTRACTOR - NAME:, having performed and approved the required inspections hereby attest that to the best of my knowledge, belief and professional judgment, the system has been installed in compliance with all applicable codes and regulations. Contractor's Signature STATE OF) COUNTY OF) The foregoing instrument was acknowledged before me by, as identification. Witness my signature and official seal this day of, in the County and State aforesaid. My Commission Expires: Notary			
Scope of Work: Notice is hereby given that a low-voltage alarm system project has been completed at the address specified above. I certify that all of the foregoing information is true and accurate. I, CONTRACTOR – NAME:, having performed and approved the required inspections hereby attest that to the best of my knowledge, belief and professional judgment, the system has been installed in compliance with all applicable codes and regulations. Contractor's Signature STATE OF			
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Contractor's Signature STATE OF			
STATE OF			
STATE OF			
STATE OF			
The foregoing instrument was acknowledged before me by, who is personally known to me or has produced, as identification. Witness my signature and official seal this day of, in the County and State aforesaid. My Commission Expires: Notary	Contractor's Signature		
COUNTY OF	STATE OF		
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My Commission Expires: Notary			
Notary	Witness my signature and official seal this day	y of,, in the County and State aforesaid.	
Notary			
	Notes	My Commission Expires:	
Email this completed notice to: Applications@miamibeachfl.gov	Notary		
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